

Camp Constitution Attendee Profile
Singing Hills Christian Camp
Plainfield, NH July 18-23, 2021
(Prepare One Form Per Attendee)

Name_____

() Staff Member () Adult (non- staffer) () Camper () Junior Camper (12 and under) () Under 4 years-old

Birth Date Month/Day/Year (MM-DD-YYYY)_____ () Male () Female

Street Address_____

City_____State_____Zip_____

Phone () _____ () Home _____ () Work _____ Mobile() _____

Phone () _____ () Home _____ () Work _____ Mobile() _____

E-mail _____

Parental Profile

Name of Parent/Guardian_____ () Attending

Phone () _____ () Home _____ () Work _____ Mobile() _____

Phone () _____ () Home _____ () Work _____ Mobile() _____

Name of Parent/Guardian_____ () Attending

Phone () _____ () Home _____ () Work _____ Mobile() _____

Phone () _____ () Home _____ () Work _____ Mobile() _____

Medical Emergency Profile

Emergency Contact (Other than parent of guardian) _____

Phone(s) For Emergency Contact _____

Prescribed Medication (taken regularly by Camper) _____

Reason for Medication _____

Specific Allergies _____

Type of Reaction _____

Activities to be Restricted and Reason _____

Does Camper have Asthma or Hay Fever _____

Boarding Preferences

Staffer: I am interested in room duty () Yes () No In Room with _____

Camper: I would like to be in a room with _____

() I am rooming with my Parent/Guardian/Family

Circle Interests and Abilities: Art, Chess, Children's Activities, Editing/Proofing Hiking Historical Trivia Juggling Music: Song L
Nature and Field Activity, Newspaper Sports Ping Pong, Skits, Tug-O-War, Volleyball, Martial Arts, Marksmanship
Other Interests/Talents _____

Camp Constitution Worksheet
Singing Hills Christian Camp Plainfield, NH
July 18-23, 2021

Calculate Your Costs	Quantity	X	Unit	=	Sub Total
Adults (Non-Staff)	_____		\$300.		_____
Campers (ages 13 and Older)	_____		\$300.		_____
Staff	_____		\$250.		_____
Jr. Campers 4-12)	_____		\$200.		_____
Pre-Campers Under 4 (Must Board With Parents)	_____		Free		_____
Total Attendees	_____				_____
_____ Total					

Mail Completed, Signed, Registration Forms with Payment/Deposit to:

Camp Constitution
C/O Mr. Charles Everett
5945 Quail Hollow Road Unit D
Charlotte, NC 28210-5028 or scan and E-mail to

halleckeverett@gmail.com

Make Checks Payable to Camp Constitution

Credit Card Info

Minimum Deposit \$100 () Check Enclosed

() Visa () Master Card () Federal Express

Card Number _____ - _____ - _____ - _____ Expiration Date _____/_____

Name (Please Print) _____

Statement Address _____

Signature _____